



Questions and Answers

Referrals

Q: We have a doctor who travels to our clinic to provide services in our community. This doctor is a PASSPORT provider in the community he is traveling from, and the clients he sees in his community travel to our clinic to see this provider. Do we need to get a referral for the services he provides to his PASSPORT clients in our clinic?

A: It depends. If the provider's Medicaid number and tax ID number are the same for both clinics, you do not need to bill with the referral number. However, if the provider's Medicaid number and tax ID number are different for the two clinics, you must obtain the referral number to bill Medicaid.

Q: We called a PCP during normal business hours to get a referral and the office was closed. How do we provide services for that PCP's clients?

A: Providers must be available for, or make arrangements for, referrals during their established business hours, which are determined by the PCP. If you call during those established hours and the office is closed, you should call Provider Relations to report this. If the client requires immediate attention, Provider Relations can help you contact the appropriate person at the Department.

If the client does not require immediate attention, you can tell the client that he/she must seek care from his/her PCP. If you choose to see the client, we recommend you make a private pay agreement with the client prior to providing services. It is important to remember that this private pay agreement must be made prior to providing services, must be specific to the date, and it must say, "You are responsible for the bill."

Client or Provider Enrollment/Disenrollment

Q: Should the PCP remove a client from his/her caseload if he/she has not seen the client for a period of time?

A: It is the PCP's responsibility to manage the care of his/her clients and to establish a medical home. It would not be appropriate to disenroll a client only because he/she has not been seen in your office for a period of time. Providers may disenroll clients for the following reasons:

- The provider-patient relationship is mutually unacceptable
- The client fails to follow prescribed treatment
- The client is abusive
- The client could be better treated by a different type of provider, and a referral process is not feasible

For example, if you are consistently authorizing a client to see another provider, you may want to consider disenrolling the client so that he/she may enroll with the other provider.

Q: How long does it take for a client's name to show up on a PCP's enrollee list when a client chooses that PCP as his or her new provider?

A: The cut off date for new assignments/choice is six business days before the end of the month. If the client gets his/her request in prior to that date, then his/her name will be on the providers client list the next month. If they get it in after the cutoff day, it will not be on the list until the month following the upcoming month.

Q: What type of notification needs to occur when a provider is disenrolling a client or withdrawing from the practice?

A: When a provider is disenrolling a client from his or her practice, the provider must notify the client in writing 30 days prior to the effective date. A copy of this letter must be mailed or faxed to the PASSPORT Program, Client Services (see Key Contacts). When withdrawing from a practice or the PASSPORT Program, written notification must be mailed or faxed to Provider Relations (see Key Contacts) 30 days prior to the effective date. In either case, the provider must either see the client or refer him or her to another provider during this 30-day period.

Please remember that when disenrolling a client or withdrawing from the PASSPORT Program, it is important to give the clients plenty of notification so that they can choose a new PASSPORT provider.

Q: When a provider is disenrolling a client from his or her practice, does that PCP need to see that client for only emergency situations during the 30-day time period?

A: During the 30-day period, the PCP must continue to treat or refer the client for all medically necessary services. This is no different than treating clients who are not being removed from your client caseload.

Q: Do I need to terminate my PASSPORT number just because I'm moving across town?

A: No. The only reason a provider would need to change his or her PASSPORT number is if they had a change in their tax ID number. Providers can continue to use their existing number, but they need to inform Provider Relations of their move (see Key Contacts). This can be done with a simple letter that should include the provider's new address, current Medicaid number, and current PASSPORT number. Providers must also notify their clients 30 days in advance of a move.

Q: Who is required to enroll in the PASSPORT To Health Program?

A: Most clients are required to enroll in PASSPORT To Health. Clients that are not required to enroll in PASSPORT are considered either exempt or ineligible. If participation in PASSPORT causes a medical hardship, clients may petition the state for an exempt status. The Department has determined the following clients are ineligible for PASSPORT enrollment:

- Clients living in a nursing home or other institution
- Clients with both Medicare and Medicaid coverage
- Clients classified as medically needy and have an incurment

- Clients who will receive Medicaid benefits for only three months or less
- Clients who live in a non-PASSPORT county
- Clients who are in subsidized adoption
- Clients who have only retroactive eligibility
- Clients who are receiving Home and Community Based Waiver Program Services

Referrals

Q: What do you do when only one person in the office can give PASSPORT approvals, and they are out of the office?

A: Most referrals do not need an immediate response and can wait until the PCP is available. When the PCP is out of the office, he or she must have suitable coverage for needed services, consultation and approval of referrals during their established hours. Suitable coverage may consist of an answering service, call forwarding, provider on-call coverage or access to an authorized individual who can render a clinical decision (physician, mid-level practitioner or registered nurse). Non-medical office staff can only communicate the referral approval or denial. Please refer situations like this to Provider Relations.

Q: Can a non-PCP refer a PASSPORT client to another provider for necessary services?

A: No, unless the services do not require PCP approval (for example, family planning and pregnancy services). If a client is referred to you by the PCP, you cannot refer the client to another specialist; this referral must come from the PCP.

Q: When receiving a referral, does it need to be received in writing?

A: Referrals can be verbal or written. It is recommended that you document verbal referrals in the client's file. Items to document may include referral date/time, guidelines (e.g., duration of illness or number of visits), and diagnosis under treatment. Referring PCPs must also document the referral in the client's file or a referral log.

Q: Can I, the provider, transfer my PASSPORT client to another Provider?

A: Providers can refer the client to another physician, but they cannot choose who that client will see as their primary care physician (PCP). Providers who feel that they can no longer be a client's PCP can disenroll the client, which includes notifying the client and calling the PASSPORT To Health & Medicaid Help Line for Clients (located under the Key Contacts in this newsletter). At that point, the client will choose a new PCP.

Q: Do I have to give the referral number if the service has already been performed?

A: NO! The provider requesting the number should always get approval from the primary care physician before rendering treatment to the client. The primary care physician should not feel obligated to give that number every time it is requested. The PASSPORT number is not a billing number. Instead, it is a clinical referral number that should only be given when a client needs medically necessary services that the primary care physician is unable to provide. For example, it would be appropriate to give out the referral number for a service or treatment that was performed when the client was traveling out of town. It may not be appropriate to give out the referral number to a provider living in the same town.

Q: Who is authorized to give the PASSPORT referral number?

A: The primary care physician is responsible for making the clinical judgment as to whether or not a service is medically necessary. However, the provider can designate another clinical provider to make that determination if he or she is not available to do so (e.g., an on-call provider). The clinician making the determination can either relay the decision to the caller directly or have office staff relay the decision to the caller. A non-clinical individual cannot make a medical decision as to whether or not the client needs a service.

Q: As the billing clerk, can I refuse to give out the PASSPORT number?

A: A non-clinical individual cannot make a medical decision as to whether or not the client needs a service. As the billing clerk, you can refuse to give out the PASSPORT referral number only if the PCP or designated clinical provider has determined that the referral is not necessary.

Emergency Services

Q: If a client is examined in the emergency room and it is determined to be non-emergent, how do you get a referral for that time period the client was examined?

A: Non-emergencies in the emergency department will not be reimbursed, even with the PCP's referral, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. Clients without an emergency medical condition should be either offered the opportunity to continue with treatment in the ER at their own expense or should be told to contact their PCP.

Misc.

Q: If we provide a service to a client who does not indicate that they are on Medicaid or in the PASSPORT Program, can we go back after the fact and make them pay for the rendered service?

A: Yes. If you did not know the client had Medicaid then you did not accept the client as a Medicaid client, and you may bill the client directly. However, once it is determined that the client was covered by Medicaid on that date of service, you can decide to either accept him/her as Medicaid or continue as private pay. Once you bill Medicaid, you have accepted the client as a Medicaid client and cannot bill the client, even if the claim is denied.

Q: I'm moving my practice to a new location across town and would like for all my PASSPORT clients to follow me, is this possible?

A: Yes, it is possible, but ultimately the decision belongs to the client. For example, if a client's PCP is a group provider and only one physician leaves the group/clinic, then the client remains with the group/clinic. If a solo provider moves across town, the clients will remain with the provider, but the provider must notify his or her clients 30 days in advance so the client has the option to select another PCP if he or she so desires.